the foreign body has only been removed after persevering for eight or ten days. When this means is not attended by success, the instruments which appear most likely to succeed are simple small forceps, which are always useful in cases of soft bodies, paper, lint, etc.; or better, the ordinary scoop or Leroy d'Etiolles' small scoop. In many cases, the instrument should be guided principally along the lower side of the canal. As the introduction of scoops is always more painful than the use of injections, and gives rise to more struggling on the part of children, M. Guersant observes that, when it is necessary to use this means, we should not hesitate to employ chloroform. When the child happens to be manageable, besides the inclined position of the head, M. Debout has recommended the mouth of the patient to be opened. It is sufficient to introduce the end of the little finger into the external auditory canal, and to make the lower jaws move in order to become convinced of the enlargement undergone by the canal each time the condyle of the jaw leaves the articular surface. This attitude facilitates the employment of all the preceding operations; but that which it aids most is the employment of injections.—*British Med. Jour.*, March 4, 1865.

## OPHTHALMOLOGY.

41. *Epidemic Disease of the Eye now prevailing in Copenhagen.*—Dr. W. D. MOORE has translated for the *Medical Press*, from the *Ugeskrift for Læger*, an interesting sketch of this disease by C. WITHUSEN.

There were admitted into the Kommunehospital from the beginning of August of last year about 600 patients; the number had steadily increased until the third week in November, when no fewer than 53 cases were admitted, and 49 in the fourth week; from that time the number of cases somewhat diminished, the weekly average of admissions having since been about 20, besides the patients received into the children's department of the St. Anna Hospital, who are probably about as numerous or somewhat less. But, as to the intensity of the disease, the severity of the cases has increased in an alarming degree; on the one hand, many more adults have been admitted, in whom the disease has, on the whole, a much more serious character; on the other, there is a number of patients, in whom it is so malignant that it almost invariably proceeds to complete loss of the eye. While last year the cases presented at most but slight catarrhal conjunctivitis, only exceptionally proceeding to actual blennorrhœa, they are now very general and very dangerous; but besides there are many cases which, without being distinctly referable to the diphtheritic form, have something of that character, and are by no means behind it in danger. Thus the hospital last week received a family, of whom the mother had violent blennorrhœa with a perfectly fleshy chemosis, universal softening with prominence of the cornea, and two days later rupture of this membrane; the husband had on the right eye almost total infiltration of the cornea, and in both eyes blennorrhœa, with chemosis and considerable rigidity of the eyelids. Two children who accompanied them had violent blennorrhœa. Another example is a man, who came in with softening of both corneæ, and in whom, during an attack of delirium tremens, which supervened immediately after his admission, rendering any treatment almost impossible, rupture of the cornea and evacuation of a portion of the vitreous humour occurred at the end of forty-eight hours. His daughter, aged 5 years, had violent blennorrhœa of both eyes, with spots of infiltration of the corneæ, but is now out of danger. A woman came in with considerable blennorrhœa, and notwithstanding active and careful treatment, one eye is now perforated and the other is in great danger. I might mention many other cases where only one eye is attacked, but I will not weary the reader by prolonging this sad list. The hospital has hitherto been so fortunate that, with the exception of the woman last alluded to, none of the cases admitted in an early stage reached such a fearful pitch; where the eye was completely lost, it was on admission already doomed; but it is my conviction that if the

epidemic continues with the same intensity, the favourable conditions which the hospital still affords for treatment will soon be lost in the great overcrowding of its wards.

Prof. LEHMAN, in a letter dated 2d Feb., 1865, states that the disease had not at that time diminished, and that the recent cases are of a more dangerous character than the earlier ones.—*Medical Press*, April 19, 1865.

42. *Parsley as a Resolvent in Slight Inflammation of the Eye.*—Dr. NEUCOURT considers that parsley is an excellent resolvent in slight inflammations. He states (*Revue de Thérap. Méd.-Chirurg.*, June 1, 1865) that he has often employed a decoction of the leaves with benefit in recent inflammation of the eyes. He applies it by means of a compress wet with a tepid decoction of the leaves, renewed every hour. He states that he cured a labourer, who had been unable to work for eight days on account of acute conjunctivitis, in twenty-four hours by this means.

43. *Jacobson's Method of Extracting Cataract.*—JACOBSON, in a communication to the Heidelberg Ophthalmological Congress, referring to a pamphlet he had published on the subject, stated that during five years he had operated by his method on one hundred cases, two of which were lost from suppuration; that since that time, in a space of somewhat more than a year, he had operated on a further forty cases, with a loss of only one eye. He then dilated on the three principal peculiarities of his method.

1. *Chloroform is always given to complete narcotism.* The author stated that in about fifteen hundred cases in which chloroform had been administered, in a period of five years, on no one occasion had any signs of danger ever occurred. That vomiting exerts no deleterious influence, if, as soon as its advent becomes apparent, the eye is protected by a charpie compress. If the chloroform had been given to the full extent, no spasms of the ocular muscles or convulsions took place during the operation. Professor Jacobson cited a case, which gave rise to much merriment amongst the audience. He said he had given a man, eighty-three years of age, exactly sixteen ounces of chloroform, and that it was two hours and a half before he commenced his operation! He never gave less than three ounces, generally from six to eight ounces. This, as he justly termed it, "colossal tolerance" for chloroform he was not in a position to account for, unless, perhaps, from the large amount of spirituous liquors that were consumed in his part of Germany (Königsberg). He considered chloroform imperative when any spasm of the muscles of the eye or a fluid vitreous appeared probable.

2. Jacobson always *makes his flap in the boundary-line of the cornea and the sclerotic*, through a vascular structure therefore. To this he ascribed the rapid union of the edges of the wound he had obtained. A second advantage of this method of section was that in case of any retraction of the cornea occurring, this never extended to the line of incision, so that no separation of the edges of the wound took place.

3. He *removes that portion of the iris, after extracting the lens*, which appears to be most exposed to bruising by the exit of the lens. The unusually eccentric position of the line of incision of the flap renders it easy to remove the portion of iris up to its extreme ciliary border.

An animated discussion ensued on the entire question of the methods of extracting hard cataracts.

Arlt said Professor Jacobson's statistics were very remarkable; he himself had only succeeded in restoring vision to ninety per cent. of his patients, the minimum amount of vision being the power of finding their way about alone. He considered suppuration of the cornea a secondary condition supervening in iritis and irido-choroiditis. He saw no advantage in Jacobson's line of section, indeed considered it predisposed to prolapsus of the iris in cases in which iridectomy had not been performed. The size of the section must be regulated by that of the cataractous lens. Iridectomy should not be performed uselessly, for it causes ultimately a dazzling. But Arlt considered it advisable (1) in simple cataracts liable to their cortex rubbing off during extraction; (2) when the pupil did not properly dilate; (3) if the cataract was very hard, and the